

PTO/SB/51 (12-97)  
 Approved for use through 8/30/00. OMB 0651-0033  
 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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**REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number (Optional)

569-P-001

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,220,555, granted Apr. 24, 2001, and for which a reissue patent is sought on the invention entitled DISPLAY DEVICE

the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_ / \_\_\_\_\_  
 and was amended on \_\_\_\_\_  
 (if applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

- ☐ by reason of a defective specification or drawing.
- ☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.
- ☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

See attached Exhibit A.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

(Reissue Application Declaration by the Inventor (PTO/SB/51) [17-6.2]—page 1 of 2)

2007-02-28 10:23:00

**EXHIBIT A**

1. The patentee claimed less than he had the right to claim in the following respects:

Claim 1. The inclusion of the recitation “a hinge being located between the upper panel and the display section” in the claim (column 4, lines 48 & 49);

Claim 3. The inclusion of the recitation “a hinge between the upper panel and the display section” in the claim (column 5, lines 17 & 18); and

Claim 6. The inclusion of the recitation “a hinge between the upper panel and the display section” and “the hinge between the base panel and the lower panel being beneath and adjacent the hinge between the upper panel and the display section” (Column 6, lines 9 & 10 and 25-29).

2025.04.23 10:44:00

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) <u>569-P-001</u>	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
<u>Howard C. Miskin</u>		<u>18,999</u>	
<u>Gloria Tsui-Vip</u>		<u>42,188</u>	
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number		<div style="border: 1px solid black; width: 150px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="text-align: center; margin-top: 5px;">             Type Customer Number here             <span style="font-size: 2em; margin-left: 10px;">→</span> </div>	
OR		<div style="border: 1px solid black; padding: 5px;">             Place Customer Number Bar Code Label here  <span style="font-size: 1.5em; font-weight: bold;">07277</span> </div>	
PATENT, TRADEMARK OFFICE			
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City		State	
Country		ZIP	
Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name)			
<u>Philip Cru Chase</u>			
Inventor's signature			
Date <u>October 18, 2001</u>			
Residence		Date	
<u>8 Heyden Rd. Shokan, NY 12481</u>			
Post Office Address		Citizenship	
<u>8 Heyden Rd. Shokan, NY 12481</u>		<u>U.S.A.</u>	
Full name of second joint inventor (given name, family name)			
Inventor's signature		Date	
Residence		Citizenship	
Post Office Address			
Full name of third joint inventor (given name, family name)			
Inventor's signature		Date	
Residence		Citizenship	
Post Office Address			
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto			

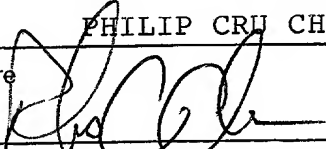
(Reissue Application Declaration by the Inventor (PTO/SB/51) [17-6.2]—page 2 of 2)

PTO/SB/53 (10-00)

Approved for use through 12/30/2000. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT</b>		Docket Number (Optional) 569-P-001
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) PHILIP CRU CHASE		
Patent Number 6,220,555	Date Patent Issued April 24, 2001	
Title of Invention DISPLAY DEVICE		
<p>1. <input type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input checked="" type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are _____, and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) PHILIP CRU CHASE		
Signature 	Date October 18, 2001	
Typed or printed name and title of person signing for assignee (if assigned)		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231